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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |                               | Docket Number (Optional)<br>6920/1029-US0 |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|--|-------------------------------|---|-----------|-----|------------------|--|---|-------|------|-----------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number   | 10/595,622 Conf. # 3648       | Filed<br>June 8, 2006                     |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>BED SHEET WITH POCKETS</b>  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit<br>1732   | Examiner<br>Elizabeth D. Wood |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> <td>\$ 130.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> <td>\$ _____</td> </tr> </tbody> </table> |                               |   |           | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ 130.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ _____ |
|  | Fee                           | Small Entity Fee                          |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                         | \$65                                      | \$ 130.00 |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                         | \$245                                     | \$ _____  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110                        | \$555                                     | \$ _____  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730                        | \$865                                     | \$ _____  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350                        | \$1175                                    | \$ _____  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4570</u> . I have enclosed a duplicate copy of this sheet.  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| I am the <input type="checkbox"/> applicant/inventor.  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>60,148</u>   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <u>/s/ Jordan Garner /s/</u><br>Signature  |                               | <u>March 2, 2011</u><br>Date              |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <u>Jordan G. Garner</u><br>Typed or printed name   |                               | <u>(914) 288-0022</u><br>Telephone Number |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                               |   |           |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |